

2007 APR -3 PM 2:30

A Public Document

Please type or print in ink

PERSONNEL MGMT/TRNG SVCS

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Denton	Joan	Elizabeth	(916) 322-6325
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Environmental Health Hazard Assessment

Division, Board, District, if applicable:

Your Position:

Director

— If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2006,
through December 31, 2006.

-or-

☐ The period covered is ____/____/____, through
December 31, 2006.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2006, through
the date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate

4. Schedule Summary

— Total number of pages
including this cover page: 3

— Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☒ Yes — schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes — schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes — schedule attached
Real Property

Schedule C ☐ Yes — schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☐ Yes — schedule attached
Income — Gifts

Schedule E ☒ Yes — schedule attached
Income — Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed April 2, 2007
(month, day, year)

Signature _____
(the originally signed statement with your ruling official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Joan E. Denton

> NAME OF BUSINESS ENTITY
Freddie Mac

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
home mortgages

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 1 / 09 / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Pfizer Incorporated

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical company

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 10 / 30 / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
manufacturing

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Joan E. Denton, Ph.D.

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

<p>➤ NAME OF SOURCE California Citrus Mutual</p> <p>ADDRESS 512 North Kaweah Avenue</p> <p>CITY AND STATE Exeter, CA 93221</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE trade association</p> <p>DATE(S): 3 / 21 / 06 - / / - AMT: \$ 32.86 (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: Lunch with Citrus Mutual Board of Directors during their visit to Sacramento</p>	<p>➤ NAME OF SOURCE California Citrus Mutual</p> <p>ADDRESS 512 North Kaweah Avenue</p> <p>CITY AND STATE Exeter, CA 93221</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE trade association</p> <p>DATE(S): 03 / / 06 - / / - AMT: \$ ~\$7.00 (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: box of oranges</p>
<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): / / - / / - AMT: \$ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): / / - / / - AMT: \$ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____